FORM B
TULANE UNIVERSITY SCHOOL OF MEDICINE
PROMOTION/TENURE/CHANGE OF STATUS REQUEST

Candidate: _____ Yr. of terminal degree: _____
First Middle Last Degree(s)

Department: _____ Effective Date _____

Current Track _____ Rank _____ Tenured: Yes ☐ No ☐

Candidate is being recommended for (check all that apply):
Tenure ☐
Promotion: Assistant Professor ☐ Associate Professor ☐ Professor ☐ Professor Emeritus ☐
Change in track/status to: Regular track ☐ Clinical track ☐ Research track ☐
Special track (part-time): Adjunct ☐ Clinical ☐

Faculty Service	Institution(s)	Rank	Years*
Faculty service elsewhere			
after terminal degree			
Faculty service			
at Tulane University			

*To include present academic year

Chair _____ Department _____
(Signature)

Dual Appointment in other department(s) Yes – in the Department of _____

I concur with this recommendation and recommend same for his/her clinical/adjunct appointment in my department:

Chair _____ Department _____
(Signature)

- ❑ **Approved as recommended:**
- ❑ **Other:**

_____ _____
Chair, Personnel and Honors Committee Date

- ❑ **Approved as recommended by the Executive Faculty:**
- ❑ **Other:**

_____ _____
Dean, School of Medicine Date

Required only for actions related to tenure and/or tenure track:

- ❑ **Approved as recommended by the Senior Vice President for the Health Sciences:**
- ❑ **Other:**

_____ _____
Senior Vice President for the Health Sciences Date